



**CERTIFICATION OF  
COMPLETION LANDSCAPE  
INSTALLATION  
P-25(D)**

**Development Services**

**Planning Division**  
1635 Faraday Avenue  
(760) 602-4610  
www.carlsbadca.gov

Project Name:\_\_\_\_\_

Permit Address:\_\_\_\_\_

Permit Number:\_\_\_\_\_

Drawing Number:\_\_\_\_\_

***I certify that I have inspected the planting and irrigation system and that:***

- 1) All landscape work has been installed and completed per the plans and specifications approved by the City of Carlsbad;***
- 2) All required soil amendments were incorporated;***
- 3) The installed irrigation system is functioning as designed and approved;***
- 4) The irrigation control system was properly programmed in accordance with the irrigation schedule; and***
- 5) The person operating the system has received all required maintenance and irrigation plans.***

\_\_\_\_\_  
Project Landscape Architect or Professional of Record

\_\_\_\_\_  
Date

License Number and Expiration Date:\_\_\_\_\_

Firm Name:\_\_\_\_\_

Phone number: \_\_\_\_\_

Following receipt of this Certification of Completion by the City, a final review of the installation will be performed by the City. Fax the certification letter to: **760-602-8558**

Call the Landscape Consultant at **760-944-8463** to schedule the inspection.

Inspection Contact Name:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Contactor Firm Name:\_\_\_\_\_